	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	BHO 271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															**Tennessee Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
3	ISA01	R	2	2	ID	R		1	INTERCHANGE CONTROL HEADER			Authorization Information Qualifier		00, 03			Preferred value is 00
4	ISA02	R	10	10	AN	R		1	INTERCHANGE CONTROL HEADER			Authorization Information					
5	ISA03	R	2	2	ID	R		1	INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01			Preferred value is 00
6	ISA04	R	10	10	AN	R		1	INTERCHANGE CONTROL HEADER			Security Information					
7	ISA05	R	2	2	ID	R		1	INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
8	ISA06	R	15	15	AN	R		1	INTERCHANGE CONTROL HEADER			Interchange Sender ID					TennCare's ID 626001445TC.
9	ISA07	R	2	2	ID	R		1	INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
10	ISA08	R	15	15	AN	R		1	INTERCHANGE CONTROL HEADER			Interchange Receiver ID					This value will be the Sender Trading Partner ID.
11	ISA09	R	6	6	DT	R		1	INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			This is the date when the file/batch is created by TCMIS.
12	ISA10	R	4	4	TM	R		1	INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
13	ISA11	R	1	1	ID	R		1	INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U			
14	ISA12	R	5	5	ID	R		1	INTERCHANGE CONTROL HEADER			Interchange Control Version Number		00401			
15	ISA13	R	9	9	N0	R		1	INTERCHANGE CONTROL HEADER			Interchange Control Number					Same as IEA02
16	ISA14	R	1	1	ID	R		1	INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1			
17	ISA15	R	1	1	ID	R		1	INTERCHANGE CONTROL HEADER			Usage Indicator		P, T			
18	ISA16	R	1	1		R		1	INTERCHANGE CONTROL HEADER			Component Element Separator					
19	GS01	R	2	2	ID	R		1	FUNCTIONAL GROUP HEADER			Functional Identifier Code		HB			
20	GS02	R	2	15	AN	R		1	FUNCTIONAL GROUP HEADER			Application Sender's Code					Same as ISA06
21	GS03	R	2	15	AN	R		1	FUNCTIONAL GROUP HEADER			Application Receiver's Code					Same as ISA08
22	GS04	R	8	8	DT	R		1	FUNCTIONAL GROUP HEADER			Date		Format: CCYYMMDD			
23	GS05	R	4	8	TM	R		1	FUNCTIONAL GROUP HEADER			Time					
24	GS06	R	1	9	N0	R		1	FUNCTIONAL GROUP HEADER			Group Control Number					
25	GS07	R	1	2	ID	R		1	FUNCTIONAL GROUP HEADER			Responsible Agency Code		X			
26	GS08	R	1	12	AN	R		1	FUNCTIONAL GROUP HEADER			Version/Release/ Industry ID Code		004010X092A1			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	BHO 271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
27	ST01	R	3	3	ID	R	1		TRANSACTION SET HEADER			Transaction Set Identifier Code		271		271	
28	ST02	R	4	9	AN	R	1		TRANSACTION SET HEADER			Transaction Set Control Number			Must be identical to SE02 value		
29	BHT01	R	4	4	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Hierarchical Structure Code		0022		0022	
30	BHT02	R	2	2	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Transaction Set Purpose Code		11		11	
31	BHT03	S	1	30	AN	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Reference Identification	Submitter Transaction Identifier		Required to be used ONLY if transaction is processed in real time -- do not use for batch transactions. Must be returned in a real-time 271 transaction if one is submitted in 270		
32	BHT04	R	1	8	DT	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Date	Transaction Set Creation Date	Format: CCYYMMDD	Use this date for the date the transaction set was generated.		
33	HL03	R	1	2	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Level Code		20	20 = Information Source	20	
34	HL04	R	1	1	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Child Code		0,1		1	
35	NM101	R	2	3	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Entity Identifier Code		2B, 36, GP, P5, PR	2B=3rd party admin; 36=Employer; GP=Gateway provider; P5=Plan Sponsor; PR=Payer	P5	
36	NM102	R	1	1	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Entity Type Qualifier		1, 2	1=person; 2=non-person entity	2	
37	NM103	S	1	35	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Name Last or Organization Name	Information Source Last or Organization Name			TennCare	
38	NM108	R	1	2	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code Qualifier		24, 46, FI, NI, PI, SV, XX		FI	
39	NM109	R	2	80	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code	Information Source Primary Identifier			62-6001445	TennCare's Tax ID
40	HL03	R	1	2	ID	S	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Level Code		21	21=Information Receiver.	21	
41	HL04	R	1	1	ID	S	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Child Code		0, 1	0=no subordinate levels; 1=subordinate levels exist.	1	
42	NM101	R	2	3	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Entity Identifier Code		1P, 2B, 36, 80, FA, GP, P5, PR		PR	
43	NM102	R	1	1	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Entity Type Qualifier		1, 2		2	
44	NM103	S	1	35	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name Last or Organization Name	Information Receiver Last or Organization Name				MCC Name
45	NM108	R	1	2	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code Qualifier		24, 34, FI, PI, PP, SV, XV, XX		FI	
46	NM109	R	2	80	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code	Information Receiver Identification Number		Qualified by NM108		MCC Tax ID
47	HL03	R	1	2	ID	S	1	2000C	SUBSCRIBER LEVEL	>1		Hierarchical Level Code		22	22=Subscriber	22	
48	HL04	R	1	1	ID	S	1	2000C	SUBSCRIBER LEVEL	>1		Hierarchical Child Code		0, 1	0=no subordinate levels; 1=subordinate levels exist.	0	
49	NM101	R	2	3	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Identifier Code		IL	IL=Insured or Subscriber	IL	
50	NM102	R	1	1	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Type Qualifier		1	1=Person	1	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	BHO 271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															**Tennessee Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
51	NM103	S	1	35	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Last or Organization Name	Subscriber Last Name		Required unless a rejection response is generated and this element was not valued in the request.		
52	NM104	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name First	Subscriber First Name		Required unless a rejection response is generated and this element was not valued in the request.		
53	NM105	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Middle	Subscriber Middle Name		Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.		
54	NM107	S	1	10	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Suffix	Subscriber Name Suffix		Use if available		
55	NM108	S	1	2	ID	R	1	2100C	SUBSCRIBER NAME	1		Identification Code Qualifier		MI	MI = Member Identification Number. When the HIPAA Individual Identifier has been adopted, then the only valid value will be 'ZZ'. Required unless a rejection response is generated and this element was not valued in the request.	MI	
56	NM109	S	2	80	AN	R	1	2100C	SUBSCRIBER NAME	1		Identification Code	Subscriber Primary Identifier		Required unless a rejection response is generated and this element was not valued in the request.		Subscriber's SSN
57	**2110C: Rep 1 & 2**																**Loop 2110C: Reps 1 & 2 (Inpatient Limit Current Year)**
58	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
59	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
60	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						48	Hospital - Inpatient
61	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
62	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Inpatient Limits - Current Year Days	See the Benefit Limits Grid for the definitions of Benefit Indicators.
63	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
64	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by days

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	BHO 271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															**Tennessee Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	**TN Valid Values**	**TN Notes**
65	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
66	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 1 N for rep 2	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
67	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start
68	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
69	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
70	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
71	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0.
72	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
73	**2110C: Reps 3 & 4**																**Loop 2110C: Reps 3 & 4 (Inpatient Limit Prior Year)**
74	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
75	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
76	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						48	Hospital - Inpatient

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	BHO 271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															**Tennessee Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
77	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
78	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Inpatient Limits - Prior Year Days	See the Benefit Limits Grid for the definitions of Benefit Indicators.
79	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
80	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by days
81	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
82	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 3 N for rep 4	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
83	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin
84	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0.
85	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
86	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End
87	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	BHO 271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															**Tennessee Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
88	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
89	**2110C: Reps 5 & 6**																**Loop 2110C: Reps 5 & 6 (Substance Abuse Lifetime Limit)**
90	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
91	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
92	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						AI	Value 'AI' indicates 'Substance Abuse'.
93	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
94	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				$30,000 Lifetime Substance Abuse Limit	
95	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		32	Lifetime
96	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	LA	Tracked by lifetime dollar usage.
97	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
98	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 5 N for rep 6	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
99	**2110C: Reps 7 & 8**																**2110C: Reps 7 & 8 (Detox Lifetime --10 Day Limit)**
100	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'. Value being auto plugged by translation map.
101	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	BHO 271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	DataType	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
102	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						AI	AI' to indicate Substance Abuse Detox.
103	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
104	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Detox Lifetime -10 Day Limit	Tracked by lifetime days
105	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		32	Lifetime
106	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by lifetime days
107	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
108	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 7 N for rep 8	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
109	SE02	R	4	9	AN	R	1		TRANSACTION SET TRAILER	1		Transaction Set Control Number			Must be identical to the one in SE02		
110	GE01	R	1	6	N0	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included					
111	GE02	R	1	9	N0	R			FUNCTIONAL GROUP TRAILER			Group Control Number		= GS06		= GS06	
112	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups					
113	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number		= ISA13		= ISA13	